



# Early Head Start & Head Start

## Infant & Toddler Program

Cannon, Cheatham, Robertson,  
Rutherford, Sumner, Trousdale, Wilson

## Preschool Program

Cannon, Cheatham, Houston, Humphreys  
(coming soon), Robertson, Rutherford, Stewart,  
Sumner, Trousdale, Wilson

### About MCCA

MCCA is a federally funded, non-profit organization providing FREE infant and toddler care and preschool services designed to promote school readiness for children from low-income families.

Our program offers:

- High-quality, comprehensive early childhood education services
  - Parent involvement opportunities in the classroom, program planning, and parent committees
  - Parental supports and education
- Help connecting parents and children to other services and resources in the community
- Vision, hearing, and dental screenings for enrolled children as well as other health, mental health, and nutrition services
  - Prenatal services
  - and more!

### Who is eligible for services?

- Low income families
- Recipients of TANF, SSI, or SNAP
- Children in foster care
  - Teen Parent
- Families experiencing a temporary living situation due to loss of housing, economic hardship, or similar reason

### Questions?

Contact us at  
615-742-1113  
Ext.

M-F  
7:00am –3:30pm

### What documents do I need to provide?

#### Child Applicant Documents

- Birth certificate
- Immunization Record
- Custody, adoption, guardianship, or protection orders (if applicable)
- Disability or special needs documentation  
Including IEP/IFSP (if applicable)

#### Proof of Eligibility

- TANF, SSI, SNAP: Letter or printout that shows benefits are current
- Foster children: Foster placement letter
- Temporary living circumstance due to loss of housing: Fully document situation in written statement
- Family income for past 12 months
  - Current 1040 U.S. Individual Income Tax form
  - W-2s
  - Last 4 paycheck stubs with year-to-date gross amount listed

We are required to document the last 12 months of family income from all sources. Every family's income situation is different and there may be more or different sources of income. The items above are a starting point to verify income. Our enrollment team will review the application and inform you of other needed documentation if applicable.

### Frequently Asked Questions

**Can I apply for my disabled child?**

Yes! We welcome children with disabilities or special needs and encourage families to apply regardless of income.

**How long does the process take?**

We do our best to verify eligibility as quickly as possible and parents can assist by ensuring all income/eligibility items needed are fully provided with the application.

**Does my child need to be potty trained?**

No, in fact, we work with families and children to assist in the potty-training process.

### How do I turn in my application?

Drop your application off at any MCCA EHS, HS, or PreK site or place in the blue box located on the building.

You can print an application online! Visit our website at:

<https://www.midcumberland.org>



Mid-Cumberland Community Action Agency  
2025-2026 Head Start / Early Head Start Application

- Early Head Start – Age 0-3 on 08/15/2025
- Head Start – Age 3-4 on 08/15/2025

Select the county of services:	<input type="checkbox"/> Cannon <input type="checkbox"/> Cheatham <input type="checkbox"/> Houston (Head Start only) <input type="checkbox"/> Humphreys (Head Start only) (coming soon) <input type="checkbox"/> Robertson <input type="checkbox"/> Rutherford <input type="checkbox"/> Stewart (Head Start only) <input type="checkbox"/> Sumner <input type="checkbox"/> Trousdale <input type="checkbox"/> Wilson
Are you interested in full-day/full year child care services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section A: Child Applicant: Information about the child who is applying**

Child's Last Name _____		Child's First Name _____		Child's Middle Name _____	
Date of birth ____/____/____	<b>Race</b> <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____	<b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____	<b>Limited English Proficiency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hispanic/Latino</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female					

**Section B: Family Information**

<b>Living Address:</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____	<b>Family Status</b> <input type="checkbox"/> Foster Household <input type="checkbox"/> Non-Parent Guardian <input type="checkbox"/> One Parent Household <input type="checkbox"/> Two Parent Household	<b>Child Custody</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Other
<b>Mailing Address: (if different from living address)</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____	<b>Housing</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Public Housing/Section 8 <input type="checkbox"/> Homeless <input type="checkbox"/> Live with relative/friend	<b>Are there custody papers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Services/types of income your family receives: (check all that apply)**

Salary/Wages     Unemployment     Self-Employed     Annuity/Pension     Supplemental Security Income  
 WIC     Food Stamps/SNAP     TANF/Families First     No income     Military Pay

**Section C: Primary Adult or Prenatal Mother: Information about adult responsible for applying child or expectant mother**  
\*Please only list adults in the household responsible for financially supporting applying child and are related to the child.

Parent/Guardian Last Name _____		Parent/Guardian First Name _____			
Date of birth ____/____/____	<b>Race</b> <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____	<b>Contact number - (circle one) Home, Cell, Work, Message</b> (____) - _____ - _____			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Email address:</b> _____			
<b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____	<b>Limited English Proficiency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hispanic/Latino</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Relationship to child</b> <input type="checkbox"/> Biological parent <input type="checkbox"/> Step parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Grandparent/Relative <input type="checkbox"/> Other: _____	<b>Military Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Deployed <input type="checkbox"/> N/A	
<b>Lives in the household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Employment Status</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Stay at home parent <input type="checkbox"/> Training or in school <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Disabled			<b>How long have you been employed?</b> _____		
<input type="checkbox"/> Expectant Mother	<b>Due date?</b> ____/____/____	<b>Have you seen a doctor regarding this pregnancy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Section D: Secondary Adult: Information about the secondary adult responsible for applying child**

\*Please only list adults in the household responsible for financially supporting applying child and are related to the child.

<b>Parent/Guardian Last Name</b>		<b>Parent/Guardian First Name</b>	
<b>Date of birth</b> ____/____/____	<b>Race</b> <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____	<b>Contact number - (circle one) Home, Cell, Work, Message</b>  (____) - ____ - _____	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Email address:</b> _____	
<b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____	<b>Limited English Proficiency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hispanic/Latino</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Relationship to child</b> <input type="checkbox"/> Biological parent <input type="checkbox"/> Step parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Grandparent/Relative <input type="checkbox"/> Other _____ <b>Lives in the household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employment Status</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Stay at home parent <input type="checkbox"/> Training or in school <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Disabled			<b>How long have you been employed?</b> _____
<b>Military Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Deployed <input type="checkbox"/> N/A			

**Section E: Other children and family members supported by guardian's income**

\*Please only list adults in the household responsible for financially supporting applying child and are related to the child by blood, marriage, adoption, or guardianship.

First Name, Middle Initial, Last Name	Relationship to applying child	Date of Birth	Gender
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Total # of adults in household** \_\_\_\_\_      **Total # of children in household** \_\_\_\_\_

**Section F: Family Services Information**

1. Does your child have a disability? (If no, please go to question #6) <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Type of special need or disability _____ 3. Has the disability been professionally diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what age? _____ By whom? _____ 4. Does your child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Is your child receiving special services for the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ 6. In your opinion, does your child have a special need or disability that has not yet been diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain: _____	Does the primary caregiver have a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please describe: _____  Does the primary caregiver have a chronic health issue that affects daily living? (cancer, high blood pressure, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please describe: _____
1. Is your family currently experiencing problems with housing? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Has your family been impacted by a natural disaster within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you or have you been a migrant or seasonal worker within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Have any members of the household been diagnosed with depression or other mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Has a household member been incarcerated during the child's lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Has there been a death of a household member within the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Are there any abuse concerns at home (child, neglect, spousal) or has the child been abused or neglected? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Has a family member struggled with substance abuse or been impacted by opioid abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check all that apply  
 My child is currently enrolled in EHS    My child is currently enrolled in HS    My child was in a different HS/EHS    My child is enrolled in EHS, applying for HS  
 Sibling is currently enrolled is HS/EHS    Applicant/Sibling was previously enrolled is HS/EHS

**Section G: How did you hear about us?**

Family or friend    Former Parent    Community Event    Flyer    Walk-in    Social Media    Mailings    Public Advertisement    Radio  
 Local Agency Referral    Other \_\_\_\_\_

**Section H: Signature**

I certify that the information given is true to the best of my knowledge. I further understand that falsification of information could result in the dismissal of my child from this program. I am attaching the required documents to this application.

**Parent/Guardian Signature:** \_\_\_\_\_      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This application may be mailed to: MCCA HS/EHS Post Office Box 1999 Mt. Juliet, Tn 37121 or dropped off at your local HS/EHS center	Staff use Only	Date Received ____/____/____ Staff initials: _____
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